

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 711 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Fairbank

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 70 Years, 11 Months, 12 Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland ✓

Duration of Residence in the City of Baltimore, All life.

Place of Death, { Give Street and Number. } 786 Franklin.

Cause of Death, { First (Primary), Indigestion - { Valvular dis. of heart }
Second (Immediate), Heart Failure - Death sudden }

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Wormian Cemetery

Date of Burial, June 29th 1887

{ Undertaker, J. E. Mough } W. F. A. Kemp M. D.
Medical Attendant.

{ Place of Business, _____ } Address, 305 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 712 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27, 1887

Full Name of Deceased, John Asbury Lee
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years, 7 Months, 7 Days.

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Painter

Birth Place, Queen Anne's Co. Md.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 54 yrs.

Place of Death, 119 S. Calhoun St.
{ Give Street and Number. }

Cause of Death, old age.
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Western Be

Date of Burial, June 29/87

{ Undertaker, J. B. Cook } Edward J. Gaudon M. D.
Medical Attendant.

{ Place of Business, 1003 W. Baltimore } Address, 1132 N. Mount St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

713

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henry Lurz

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

2 Months,

26 Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

135^v Wolf St

Cause of Death,

{ First (Primary),

Jaundice

{ Second (Immediate),

Convulsion

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem.

Date of Burial,

June 28th 1887

{ Undertaker,

Ch. France

J. H. Hollenberg

M. D.

Medical Attendant.

{ Place of Business,

Bank & Hope Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 714 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, June 27 - 1887

Full Name of Deceased, Ruby Irene Burns
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, 7 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore

Birth Place, Baltimore, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life-time

Place of Death, 45 Williamson St., { Give Street and Number. }

Cause of Death, Pneumonia, { First (Primary), Second (Immediate), }

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec 29

{ Undertaker, B. J. Park } H. H. Webster Jr. M. D. Medical Attendant.

{ Place of Business, 115 West } Address, 106 Parre St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 26th 1887 at 1 o'clock A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Perry Lynn

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, about 75 Years, Months, Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Brick Maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Howard County Md.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give Street and Number. } 222 Dorson Alley

Cause of Death, { First (Primary), Liver & Kidney }
{ Second (Immediate), Dropsy }

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28 1887 } C. C. Richardson M. D.

{ Undertaker, Hercules B. S. } Medical Attendant.

{ Place of Business, 404 Courthouse } Address, 404 Cor. Lombard & Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 416 Office of Registrar of Vital Statistics. Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1887

Full Name of Deceased, Eva Balcer {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, 9 Years, 9 Months, 9 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baltimore City

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 835 S. Bond St

Cause of Death, {First (Primary), Cholera Infantum
Second (Immediate),}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, June 28th 1887

{ Undertaker, W. Dippel } James H. Steney M. D.

{ Place of Business, 330 S. Bond St Address, Cross of St. B. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John Chas. De Goly Inspector

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. A 717 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clottis Table

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 Years, 4 Months, Days,

Color, Melan

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 3 1/8

Place of Death, { Give street and Number. } Clay Street

Cause of Death, { First (Primary), Second (Immediate). } Constitutional Blood Poison

Duration of Last Sickness,

All the above info must be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 28th / 1887

Undertaker Saml W Chase

Place of Business, 441 S Howard St Address, 1101 Linden St

W. D. Dodson

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-718 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hyacinth Dorsey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 43 Years, _____ Months, _____ Days.

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, Laundress

Birth Place, { State or country, and how long in the United States, if of foreign birth. } _____

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } 629 Penn Alley

Cause of Death, { First (Primary), Second (Immediate), } Emphysema - Overworked

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Barnard's Cemetery

Date of Burial, June 27 1887

{ Undertaker, Morgan and Pye } C B Gamble M. D. Medical Attendant.

{ Place of Business, Mulberry St } Address, 92 S Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-719 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 87

Full Name of Deceased, Ammin Puhl { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 8 Years, 8 Months, Days

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 621 N. Central Ave { Give Street and Number. }

Cause of Death, Cholera Infantile & Whooping Cough
Coma
4 days
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 28, 1887.

Undertaker, Henry W. Means

Place of Business, 22 N. Fayette st. Address, 920 N. Broadway

Chas. B. Figh M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Form Below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 720 Office of Registration of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Banton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 Years, — Months, — Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Presser of Clothing

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co Md ✓

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give Street and Number. } 831. S Howard

Cause of Death, { First (Primary), Second (Immediate), } Loosen of Pulver Epithelium,

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, June 28th 1887

Undertaker, Sam W Chase Thos W Burke M. D.

Place of Business, 641. S Howard address, 578 Hancock

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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4739 nurse

[OVER.]